

CALIFORNIA DEPARTMENT OF FORESTRY
AND FIRE PROTECTION

INCIDENT-AIRCRAFT CERTIFICATION (8300)

(Revised September 2001)

Date of Operation _____ Incident # _____

Incident Name _____ Request # _____

Responding Agency Aircraft ID _____ FAA No. _____

FLIGHT OPERATIONS CONDUCTED (Check where appropriate):

<input type="checkbox"/> Initial Attack	<input type="checkbox"/> Helicopter
<input type="checkbox"/> Extended Attack	<input type="checkbox"/> Airplane
<input type="checkbox"/> Respond with crew	<input type="checkbox"/> Water dropping
<input type="checkbox"/> Smoke Investigation	<input type="checkbox"/> Recon
<input type="checkbox"/> Lightning detection	<input type="checkbox"/> Crew shuttling
<input type="checkbox"/> Aerial firing operations	<input type="checkbox"/> Air operations coordination
<input type="checkbox"/> Firefighter medevac	<input type="checkbox"/> Civilian medevac
<input type="checkbox"/> Others: _____	

SIGNIFICANT OR IMMINENT THREAT (Check where appropriate):

☐ Death
☐ Serious injury
☐ Damage to property
☐ Damage to natural resources

PRIVATE SECTOR SERVICES AVAILABILITY (check where appropriate):

☐ Not capable of meeting operational needs
☐ No aircraft available
☐ No aircraft available in a timely manner

Certifying Person:

Name _____
Title _____
Agency _____
Date _____
Time _____

Person Receiving Information:

Name _____
Title _____
Agency _____
Date _____
Time _____